

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

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DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALACIVIL ACTION NO. 8:19-cv-487-WKW-CSC
(To be supplied by Clerk of
U.S. District Court)Sharalyn Brantley Montgomery AllenFull name and prison number
of plaintiff(s)v.
Montgomery County Jail, and Staff
of date;*1 XYZ Insurance Company of
Montgomery County Jail;
Corizon Health Services, and Staff
of date;*2 ABC Insurance Company of Corizon
ALL PERSONS IN THEIR INDIVIDUAL
AND OFFICIAL CAPACITY.Name of person(s) who violated
your constitutional rights.
(List the names of all the
persons.)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES (X) NO ()
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES (X) NO ()
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s) Sharalyn Brantley Montgomery AllenDefendant(s) Jackson Hospital. AB Insurance Company
Dr. RICHARD SAMPLE; Dr. Steve Azezzano; ALL PERSONS IN THEIR
INDIVIDUAL AND OFFICIAL CAPACITY located at 1725 Pine St. Alabama
361062. Court (if federal court, name the district; if
state court, name the county)THE
MIDDLE DISTRICT OF ALABAMA, Northern
Division

3. Docket number _____
4. Name of judge to whom case was assigned _____
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
6. Approximate date of filing lawsuit _____
7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Montgomery Women's Facility

P.O. Box 15 Mt Meigs, AL 36104

PLACE OF INSTITUTION WHERE INCIDENT OCCURRED Montgomery County Jail, 251 South Lawrence St. Montgomery, AL 36104

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

NAME

ADDRESS

1. All Staff and persons of Montgomery County Jail of date; 251 S. Lawrence St. 36104
2. XYZ Insurance Company of Montgomery County Jail;
3. Corizon Health Services and Staff of date; 251 S. Lawrence St. 36104
4. ABC Insurance Company of Corizon; ALL PERSONS INVOLVED, OF
5. date, IN THEIR INDIVIDIAL AND OFFICIAL CAPACITY -
6. _____

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED 7-15-17-8-11-17

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: Eighth amendment - inadequate medical care
11th Particular conditions of cruel and unusual punishment

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

On 7-15-17, I was told by Montgomery County Jail Nurse that my leg pain was due to drug use. I was made to sit in jail with deteriorating leg conditions and ignored by staff and medical when I complained.

GROUND TWO: Deprivation of rights

SUPPORTING FACTS: I was released back into Montgomery County Jail's custody from hospital on 8-11-17. I was denied physical therapy and also staff there declined to give me any of my prescription pills because I was incarcerated even though I was under doctor's care.

GROUND THREE: Unsanitary living conditions

SUPPORTING FACTS: The medical cell I was taken into on 8-11-17, after being released from hospital, had raw sewage floating up and out of the urinal, and it caused me to slip several times, also ran a huge risk of other infections, which caused mental anguish, which in turn led to longer healing time.

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU.
MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

I am seeking punitive and collateral damages.

Shardyn Montgomery Allen
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true
and correct.

EXECUTED on 7-3-19
(Date)

Shardyn Montgomery Allen
Signature of plaintiff(s)

Sworn to and subscribed before me this
3 Day of July, 20 19
Charita Duke Porter
Notary Public
My Commission Expires 7/12/2021

Pg 1... *1 - "XYZ Insurance Company for Montgomery County Jail" -
the name and/or provider of Insurance for the
Montgomery County Jail is unknown and
unavailable to the plaintiff at this time.

*2 - "ABC Insurance Company for Corizon" -
the name and/or provider of Insurance for Corizon
Health Services is otherwise unknown and
unavailable to the plaintiff at this time.

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LABEL MAY BE REQUIRED.

FROM: Sharolyn Montgomery Alken
#454 173959 92-A
Montgomery Womens Facility
P.O. Box 75
Mt. Meigs, AL 36057

TO: Office of the Clerk
United States District Court
One Church St., Suite B110
Montgomery, AL. 36104

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